

**SPECIMEN SUBMISSION FORM FOR POTENTIAL CASES OF SARS****PATIENT IDENTIFICATION INFORMATION****MANDATORY: CDC SARS ID NUMBER** \_\_\_\_\_ (Provided through State Health Department)

Patient Name \_\_\_\_\_ State Health Department Number \_\_\_\_\_

Patient Date of Birth and Age: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) \_\_\_\_ years Gender: Male Female

Patient's Residence: \_\_\_\_\_ (Town/Province/State/County)

Date of Symptom Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

**SPECIMENS FOR THIS PATIENT BEING SENT IN THIS SHIPMENT**

I. UPPER RESPIRATORY TRACT		Date of Collection: (MM/DD/YY)	Please Circle Correct Answer		
			Tested?	Test Type	*Result:
<input type="checkbox"/>	A. Nasopharyngeal wash/aspirate	____/____/____	Yes No	EIA RT-PCR	Pos Neg
<input type="checkbox"/>	B. Nasopharyngeal/oropharyngeal swabs	____/____/____	Yes No	EIA RT-PCR	Pos Neg

II. LOWER RESPIRATORY TRACT		Date of Collection: (MM/DD/YY)	Please Circle Correct Answer		
			Tested?	Test Type	*Result:
<input type="checkbox"/>	A. Bronchoalveolar lavage (BAL), tracheal aspirate, or pleural tap	____/____/____	Yes No	EIA RT-PCR	Pos Neg
<input type="checkbox"/>	B. Sputum	____/____/____	Yes No	EIA RT-PCR	Pos Neg

III. BLOOD COMPONENTS		Date of Collection: (MM/DD/YY)	Please Circle Correct Answer		
			Tested?	Test Type	*Result:
A. Serum					
<input type="checkbox"/>	1. Acute	____/____/____	Yes No	EIA RT-PCR	Pos Neg
<input type="checkbox"/>	2. Convalescent (Min. 28 days after onset of symptoms)	____/____/____	Yes No	EIA RT-PCR	Pos Neg
B. Whole Blood					
<input type="checkbox"/>	1. Acute	____/____/____	Yes No	EIA RT-PCR	Pos Neg
<input type="checkbox"/>	2. Convalescent (Min. 28 days after onset of symptoms)	____/____/____	Yes No	EIA RT-PCR	Pos Neg

IV. TISSUE (from deceased patients only)		Date of Collection: (MM/DD/YY)	Please Circle Correct Answer		
			Tested?	Test Type	*Result:
<input type="checkbox"/>	A. Fixed Tissue	____/____/____	Yes No	EIA RT-PCR	Pos Neg
<input type="checkbox"/>	B. Frozen Tissue	____/____/____	Yes No	EIA RT-PCR	Pos Neg

VI. STOOL		Date of Collection: (MM/DD/YY)	Please Circle Correct Answer		
			Tested?	Test Type	*Result:
<input type="checkbox"/>	At least 10cc of stool in a tightly sealed stool cup or urine container	____/____/____	Yes No	EIA RT-PCR	Pos Neg

VII. ADDITIONAL SPECIMENS (Please describe)		Date of Collection: (MM/DD/YY)	Please Circle Correct Answer		
			Tested?	Test Type	*Result:
		____/____/____	Yes No	EIA RT-PCR	Pos Neg
		____/____/____	Yes No	EIA RT-PCR	Pos Neg

**DOMESTIC SPECIMENS:** Please contact your state epidemiologist for consultation to determine whether patients meet the SARS case definition before collecting and shipping specimens for SARS testing. For contact information go to [www.cste.org/members/state\\_and\\_territorial\\_epi.asp](http://www.cste.org/members/state_and_territorial_epi.asp) CDC will not accept unsolicited specimens. Please contact your State Health Laboratory for submission instructions [www.aphl.org/public\\_health\\_labs/index.cfm](http://www.aphl.org/public_health_labs/index.cfm)

**\*If submitting specimens for confirmatory testing, please include copies of all test result data obtained at the local or state level.**

**INTERNATIONAL SPECIMENS:** See instructions given in [www.cdc.gov/ncidod/sars/intspecimens.htm](http://www.cdc.gov/ncidod/sars/intspecimens.htm)

Label all packages: **"Diagnostic Specimens. UN 3373. Packed in compliance with IATA packing instructions 650"**. Follow packaging guidelines given in "Packing Diagnostic Specimens for Transport: Summary Instructions" ([www.cdc.gov/ncidod/sars/packingspecimens-sars.htm](http://www.cdc.gov/ncidod/sars/packingspecimens-sars.htm)). Use specimen collection instructions given in "Guidelines for Collection of Specimens from Potential Cases of SARS" ([www.cdc.gov/ncidod/sars/guidance/f/pdf/app4.pdf](http://www.cdc.gov/ncidod/sars/guidance/f/pdf/app4.pdf).)